Image# 26940047976 04/07/2006 10:27

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		NIZATION	
	(See in	structions)	Office use only
1. NAME OF COMMITTEE (in	full) (Check if na is changed)		12FE4M5
TRUST PAC T	EAM REPUBLICANS FOR L	JTILIZING SENSIBLE TACTICS	•
ADDRESS (number and	street) 228 S. Washin	gton Street	
X (Check if add is changed)	Suite 115 Alexandria		
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA kdavis@hdafe			
Kuavis@iluaie			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX 1 7036840683	NUMBER		
2. DATE M 4	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00330720	
4. IS THIS STATEM	MENT X NEW (N)	OR AMENDED (A)	
I certify that I have exam	ined this Statement and to the best o	f my knowledge and belief it is true, corre	ct and complete
Type or Print Name of	Treasurer Keith A. Da	avis	
Signature of Treasure	r Electronically Filed by Keit	th A. Davis	Date 04 / 07 / YYYYY
NOTE: Submission of fa	·	ation may subject the person signing this	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95	mission FEC FORM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the complete information below.)	andidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, oublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	None	
L		
	Mailing Address	
	CITY STATE A	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

TRUST PAC TEAM	I REPUBLICANS FO	OR UTILIZING SFI	NSIBLE TACTICS

	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
Full Name	Keith A.	Davis				
Mailing Address		228 S. Washington Street				
		Suite 115				
		Alexandria	VA	2231	4	
Title or Position	V	CITY A	STATE.	ZIF	CODE A	
	Treasurer		7 elephone number	703 549		
Treasurer: Li	st the name a dress of any o	and address (phone number optional) of designated agent (e.g., assistant treasurer)	the treasurer of the c	committee; and	the	
Full Name	Keith Δ	Davis				
of Treasurer	Keith A.					
		228 S. Washington Street				
of Treasurer				2231	4	
of Treasurer		228 S. Washington Street Suite 115	VASTATE		4 CODE A	
of Treasurer Mailing Address		228 S. Washington Street Suite 115 Alexandria CITY A	STATE			
of Treasurer Mailing Address	•	228 S. Washington Street Suite 115 Alexandria CITY A	STATE 4	ZIF	P CODE ▲	
of Treasurer Mailing Address Title or Position Full Name of Designated	▼ Treasurer Lisa Lis	228 S. Washington Street Suite 115 Alexandria CITY A	STATE 4	ZIF	CODE A	
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer Lisa Lis	228 S. Washington Street Suite 115 Alexandria CITY A	STATE 4	ZIF	P CODE ▲	
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer Lisa Lis	228 S. Washington Street Suite 115 Alexandria CITY A ker 228 S. Washington Street	STATE 4	ZIF	P CODE A	
of Treasurer Mailing Address Title or Position Full Name of Designated Agent	▼ Treasurer Lisa Lis	228 S. Washington Street Suite 115 Alexandria CITY A ker 228 S. Washington Street Suite 115	STATE 4	ZIF	P CODE A	

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9.	Banks or Other Deposi safety deposit boxes or n Name of Bank, Depositor	naintains funds.	unts, rents
	Mailing Address	B&T 300 S. Washington Street	
		Alexandria VA 22	314 _ _
		CITY A STATE A Z	IP CODE △

Membership Organization

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Banks or Other Deposits safety deposit boxes or manne of Bank, Depository	aintains funds.	s funds, holds accounts, rents [ADDITIONAL]
Un	nited Bank	
Mailing Address	1001 G Street NW	
	Washington D	C 20001 -
	CITY 🛆 STAT	TE △ ZIP CODE △
Name of Any Connecte	ed Organization or Affiliated Committee	[ADDITIONAL]
Marilla and Address a		
Mailing Address		
	CITY▲ STA*	TE A ZIP CODE A
Relationship		
Type of Connected Orga	nization:	
Corporation	Corporation w/o Capital Stock	Labor Organization

Trade Association

Cooperative

Designated Agent		[ADDITIONAL]
Full Name LILILI Mailing Address L		
Title or Position ♥	CITY A	
		elephone number